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Bib Data Sheet

CONFIRMATION NO. 2282

<b>SERIAL NUMBER</b> 09/439,915	<b>FILING DATE</b> 11/12/1999 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> PAFE.P-001US	
<b>APPLICANTS</b> PETER SEITZ, URDORF, SWITZERLAND; GRAHAM K. LANG, HAUSEN AM ALBIS, SWITZERLAND; NICOLAS BLANC, OBERRIEDEN, SWITZERLAND;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 98 121.897.7 11/18/1998					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/15/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 21121					
<b>TITLE</b> METHOD AND DEVICE FOR FORMING AN IMAGE					
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/439,915	11/12/99	345	2774	FREIPO25US

APPLICANT  
 PETER SEITZ, URDORF, SWITZERLAND; GRAHAM K. LANG, HAUSEN AM ALBIS,  
 SWITZERLAND; NICOLAS BLANC, OBERRIEDEN, SWITZERLAND.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED                      EPO                      98 121.897.7                      11/18/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>	STATE OR COUNTRY CHX	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
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ADDRESS  
 SEE CUSTOMER NUMBER: 021121

TITLE  
 METHOD AND DEVICE FOR FORMING AN IMAGE

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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